

Testimony before the Appropriations Committee
February 18, 2009

Good afternoon Senator Harp, Representative Geragosian and members of the committee. My name is Bonnie Potocki and I live in Manchester. I wish that I could testify in person but I was unable to get the time off from work. I write for my brother because he is unable to prepare a testimony and I realize the importance of him keeping his critical health care services. My brother is diagnosed with Bipolar Disorder and is 47 years old. His intellect is that of a 9 year old. Because his cognitive intelligence score was just above the Department of Development Services threshold, he does not qualify for DDS services. I withheld my brother's name to protect his privacy under HIPPA.

He lives with my 85-year old mother in my mother's house in Manchester. My mother is also his conservator and knows that she could not live at home without my brother there. She uses a walker and does not drive now. My brother does the laundry and walks to supermarket and pharmacy.

His limited income includes social security disability benefit and a small weekly pay check for his employer, MacDonald's. In 2007, my brother was laid off from Easter Seals due to lack of funding after working in their rehabilitation centers for 19 years. He then qualified for vocational training through DDS's Bureau of Rehabilitation Services. In 2007 and 2008, he received job coaching on several jobs through Work Source. Work Source is partially funded through the DHMAS grant Catchment Area 15 through the local mental health authority Genesis Center, Inc. Because of Work Source's efforts, he started working at MacDonald's 20 hours per week in the summer of 2008. Thankfully, Work Source provides periodic support to my brother so he continues and progresses in his job. He is very proud to be working at MacDonald's so are my mother and I. During the week when he is not working, he goes to the Genesis Center Inc. Clubhouse to socialize and attend for GED workshops. These community-based programs allow my brother to live in the community, receive out-patient services and stay employed.

All of his 3 medications are now paid for Medicare under HealthSpring Prescription Drug Plan-Reg 2. This may change if his medications are not on the State's Preferred Drug List (PDL) if the state loses the Medicare Part D wraparound coverage it currently has. I may need to pay for his medications if his income does not supplement the extra expense. He needs to take two of his 3 medications because in his twenties, he had lost significant amount of weight within a short period of time, had a psychotic episode and was hospitalized for a month in psych ward.

Because he grinds his teeth which is a common behavior associated with his mental illness, he has unfortunately lost his great smile and now has several fillings that were inserted by dentists at the UCONN medical center in 2006. His 2006 dental services were paid by Medicare and Medicaid. This year, he is currently getting more fillings through the ECHN Medical Center in Manchester. His case manager at Community Health Resources, Inc told him of the available dental service at ECHN. If the state no longer covers non-emergency dental care, he will not be able to get necessary fillings until he has a serious problem with his teeth. Without warning, his case management services were discontinued by CHR last month therefore, he no longer has a case manager.

My brother can not drive. He rides the local bus to get to Genesis Center and his medical appointments. He uses his local senior disable tickets which cost \$5.40 for 10 rides. When he went to the UCONN Medical Center in Farmington, he rode on a Hartford Connecticut transit van which costs \$5.00 round trip. This transportation is vital to my brother's independence and medical care.

Every two to three months, he has 20-30 minute visits with his therapist at ECHN Adult Behavioral Health Services as part of his mental health wellness check-ups. Approximately every 4 months, he visits with his psychiatrist to update his medications if needed. Because he walks so much: to work, to shop etc, his feet need periodic care from a podiatrist which he sees only twice year for his foot problems. A portion of the mental

health-related visits are paid by Medicare Part B insurance then Medicaid pays the remainder of the amount charged. Medicaid does not cover for podiatry services which are applied to his Medicare deductible waiver.

According to Medicare Part B insurance statements, outpatient mental health services are paid at 50% of the approved charges. If co-payments are required for these out-patient mental services or prior authorization requirements, my brother would be directly billed and this would be a significant financial burden. Required co-payments could prevent him from going to his mental health visits. He desperately needs these visits to cope with his bipolar disorder and emotional stresses that he experiences as a low intellectually functioning individual and being a caregiver for my aging mother. Today, he is content, stable and deserves to have a quality of life available to all Connecticut residents.

Respectfully,
Bonnie Potocki
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